2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# N96000004578

Entity Name: THE JAMES JR. FUND, INC.

Current Principal Place of Business:

6255 STIRLING ROAD
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6255 STIRLING ROAD
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0694472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLEINRICHERT, JAMES E
THE ARK RESTAURANT
6255 STIRLING ROAD
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	STRASBURGER, ELAINE	
Address:	301 SW 135TH AVE.	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	D	( ) Delete
Name:	WILKIE, POLLY	
Address:	11131 TAFT ST.	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	VPD	( ) Delete
Name:	WITOSHYNSKY, GERRY	
Address:	6836 S.W. 10TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33023	
Title:	T	( ) Delete
Name:	DORSEY, JOSEPH	
Address:	2400 N. COMMERCE PARKWAY SUITE 200	
City-St-Zip:	FORT LAUDERDALE, FL 33326	
Title:	D	( ) Delete
Name:	KLEINRICHERT, JAMES	
Address:	6255 STRILING ROAD	
City-St-Zip:	DAVIE, FL 33314	
Title:	SD	( ) Delete
Name:	ROBINSON, SUE	
Address:	6801 SW 6TH ST	
City-St-Zip:	PEMBROKE PINES, FL 33023	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH DORSEY T 04/29/2006

Electronic Signature of Signing Officer or Director — Date